## CLAIMS ONLY

| Application Number | Filing Date |
|---|---|
| 10/691,586 | |
| Applicant(s) | |

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * | | * | | * | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | 1 | | | | | | 51 | | | | | |
| 2 | | 1 | | | | | 52 | | | | | |
| 3 | | 1 | | | | | 53 | | | | | |
| 4 | | 1 | | | | | 54 | | | | | |
| 5 | | 1 | | | | | 55 | | | | | |
| 6 | | | | | | | 56 | | | | | |
| 7 | | | | | | | 57 | | | | | |
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| 13 | | | | | | | 63 | | | | | |
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| 17 | | | | | | | 67 | | | | | |
| 18 | | | | | | | 68 | | | | | |
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| 40 | | | | | | | 90 | | | | | |
| 41 | | | | | | | 91 | | | | | |
| 42 | | | | | | | 92 | | | | | |
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| 48 | | | | | | | 98 | | | | | |
| 49 | | | | | | | 99 | | | | | |
| 50 | | | | | | | 100 | | | | | |
| Total Indep | 1 | | | | | | Total Indep | | | | | |
| Total Depend | 4 | | | | | | Total Depend | | | | | |
| Total Claims | 5 | | | | | | Total Claims | | | | | |